



1997 ECONOMIC CENSUS  
LAWN, GARDEN EQUIPMENT, AND SUPPLY STORES

OMB No. 0607-0826: Approval Expires 08/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

RT-5204

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc. State ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes 3 ☐ No legal boundaries 2 ☐ No 4 ☐ Do not know

c. In what type of municipality is this establishment physically located?

096 1 ☐ City, village, or borough 2 ☐ Town or township 3 ☐ Other – Specify 4 ☐ Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 ☐ In operation 2 ☐ Temporarily or seasonally inactive 3 ☐ Ceased operation – Give date at right 4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City State ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report

Preferred

Acceptable

Mil-lions (000) Thou-sands (000) Dol-lars (000)

1 126 629

1 125 629

Item 4. DOLLAR VOLUME OF BUSINESS

Sales of merchandise and other operating receipts for 1997 (Exclude sales or other taxes collected)

Mil. Thou. Dol.

010

Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

Mil. Thou. Dol.

030

a. Annual

031

b. First quarter (January-March)

Item 6. EMPLOYMENT

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS

a. Kind of business

What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

070

Retail nursery 5261201

Garden center 5261202

Garden supply store 5261203

Outdoor power equipment store or dealer (lawnmowers, trimmers, etc.) 5261102

Cut Christmas tree sales 5963938

Florist 5992001

Hardware store 5251001

Landscape counseling and planning 0781001

Lawn and garden service 0782001

Farm supplies store or dealer 5191181

Farm machinery and equipment store or dealer 5083101

Other kind of business – Describe 7777777

ITEM 7 CONTINUED ON PAGE 2

<div>Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS – Continued</div> <div>b. Selling characteristics</div> <div>1. In what format did this establishment PRIMARILY sell in 1997? <i>Mark (X) only ONE box.</i></div> <div>068</div> <div><div>From physical displays of priced merchandise . . .</div><div>1</div><div><input type="checkbox"/></div></div> <div><div>From a counter (little or no display) . . . . .</div><div>2</div><div><input type="checkbox"/></div></div> <div><div>From a warehouse or office . . . . .</div><div>3</div><div><input type="checkbox"/></div></div> <div><div>Other – <i>Describe</i> . . . . .</div><div>4</div><div><input type="checkbox"/></div></div> <div></div>				
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2. How did this establishment PRIMARILY attract new customers in 1997? *Mark (X) only ONE box.*

069

Location and store attractiveness . . . . .

1

☐

Advertising to the general public, including direct mail advertising . . . . .

2

☐

Advertising to the trade or calls directly to customers . . . . .

3

☐

Other – *Describe* . . . . .

4

☐

RT

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Item 10. MERCHANDISE LINES – Continued

Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
24. All other merchandise (Report receipts for services on line 25)	9810				
Specify principal lines and estimated sales below					
a. 076	9811				
b. 077	9812				
c. 078	9813				
25. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES					
a. Materials used in landscaping or lawn service	9903				
b. Labor charges for work performed by this establishment (include receipts from landscaping, etc.)	9904				
c. All other nonmerchandise receipts (include receipts from customers for delivery, parts installed in repair, rental or lease of tools and equipment, etc.)	9948				
d. Sum of lines 25a through 25c	9900				
26. TOTAL (Should equal item 4 if reporting in dollars)	9990				100%

Item 11. SPECIAL INQUIRIES

What percentage of 1997 sales and receipts (item 4) was derived from items grown by this establishment?

Report in whole percents

255

Item 12. Not applicable to this report

Item 13. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.

003    1 ☐ Individual owner (sole proprietorship)  
          2 ☐ Partnership  
          3 ☐ Cooperative association (taxable)  
          4 ☐ Cooperative association (tax-exempt)  
          5 ☐ Government – Specify \_\_\_\_\_  
          0 ☐ Corporation (Do not mark if any form of cooperative association)  
          9 ☐ Other – Specify \_\_\_\_\_

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?  
  
1 ☐ Yes Complete this item  
2 ☐ No – Skip to item 15

Census File Number

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

b. Is this company owned or controlled by another company?  
  
097    1 ☐ Yes →  
          2 ☐ No

Enter name, address, and EIN of the owning or controlling company  
  
EIN (9 digits) \_\_\_\_\_

c. Does this company own or control any other company or companies?  
  
098    1 ☐ Yes →  
          2 ☐ No

Enter name, address, and EIN of the owned or controlled company  
  
EIN (9 digits) \_\_\_\_\_

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?  
  
If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.  
**Estimates are acceptable** if book figures are not available.

Name	1997	Mil.	Thou.	Dol.
Number and street	Sales	081		
City State ZIP Code	Annual payroll	082		
Kind-of-business description	Paid employees for pay period including March 12			
	083			
<b>Census use</b>		088		

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REMARKS – Please use this space for any explanations that may be essential in understanding your report data.

Item 15. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report FROM: Mo. Year TO: Mo. Year

Name of person to contact regarding this report – Print or type

Title

Telephone Area code Number Extension

Signature of authorized person Date